

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Friends for Jim McDermott																																
ADDRESS (number and street) PO Box 21786																																
CITY, STATE, and ZIP CODE Seattle WA 98111																																
2. NAME OF CANDIDATE James McDermott	3. OFFICE SOUGHT (State and District) House WA 07		4. FEC IDENTIFICATION NUMBER C00223073																													
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____																																
<table border="1"> <thead> <tr> <th>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th>Name of Employer</th> <th>Date (month, day, year)</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td rowspan="2">COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE 1350 I STREET, NW SUITE 590 WASHINGTON DC 20005</td> <td>Transaction ID : C10240975</td> <td rowspan="2">10/23/2014</td> <td rowspan="2">2000.00</td> </tr> <tr> <td>Occupation</td> </tr> <tr> <td rowspan="2">B. FULL NAME, MAILING ADDRESS AND ZIP CODE Mark Torrance 2013 4th Ave Ste 402 Seattle WA 98121-2419</td> <td>Name of Employer None</td> <td rowspan="2">10/23/2014</td> <td rowspan="2">2500.00</td> </tr> <tr> <td>Transaction ID : C10242456 Occupation Retired</td> </tr> <tr> <td rowspan="2">C. FULL NAME, MAILING ADDRESS AND ZIP CODE</td> <td>Name of Employer</td> <td rowspan="2">Date (month, day, year)</td> <td rowspan="2">Amount</td> </tr> <tr> <td>Occupation</td> </tr> <tr> <td rowspan="2">D. FULL NAME, MAILING ADDRESS AND ZIP CODE</td> <td>Name of Employer</td> <td rowspan="2">Date (month, day, year)</td> <td rowspan="2">Amount</td> </tr> <tr> <td>Occupation</td> </tr> <tr> <td rowspan="2">E. FULL NAME, MAILING ADDRESS AND ZIP CODE</td> <td>Name of Employer</td> <td rowspan="2">Date (month, day, year)</td> <td rowspan="2">Amount</td> </tr> <tr> <td>Occupation</td> </tr> </tbody> </table>				A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE 1350 I STREET, NW SUITE 590 WASHINGTON DC 20005	Transaction ID : C10240975	10/23/2014	2000.00	Occupation	B. FULL NAME, MAILING ADDRESS AND ZIP CODE Mark Torrance 2013 4th Ave Ste 402 Seattle WA 98121-2419	Name of Employer None	10/23/2014	2500.00	Transaction ID : C10242456 Occupation Retired	C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	Occupation	D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	Occupation	E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	Occupation
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SIGNATURE (optional) Philip Lloyd [Electronically Filed]		DATE 10/24/2014	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																													

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FEC FORM 6
(Revised 07/2011)